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United Nations Population Fund

Country programme document for Kazakhstan

Proposed indicative UNFPA assistance: $3.75 million, $2.65 million from regular resources and $1.1 million through co-financing modalities and/or other resources, including regular resources

Programme period: Five years (2016-2020)

Cycle of assistance: Fourth

Category per decision 2013/31: Pink

Proposed indicative assistance (in millions of $):

Strategic plan outcome areas		Regular resources	Other resources	Total
Outcome 1	Sexual and reproductive health	1.00	0.20	1.20
Outcome 2	Adolescents and youth	0.45	0.40	0.85
Outcome 3	Gender equality and women's empowerment	0.35	0.30	0.65
Outcome 4	Population dynamics	0.45	0.20	0.65
Programme coordination and assistance		0.40	–	0.40
Total		2.65	1.10	3.75

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I. Situation analysis

1. Kazakhstan is a resource rich, upper-middle income country, the ninth largest in the world in terms of land area, with a population of around 17.4 million people (end of 2014 estimate). The low population density (6.3 persons per square km) is seen as an impediment to growth and more efficient provision of services. The population is demographically young (median age is 29 years). The Government recognizes the opportunities that a high proportion of young people offer in terms of economic and social development, and aims to put in place a system of youth policies.

2. While Kazakhstan has experienced impressive economic growth and reported success in achieving most of the Millennium Development Goals, health outcomes and social modernization have generally lagged behind economic success. Public expenditure on health care (2.4 per cent of gross domestic product) and social services (4.1 per cent) remains relatively low. Significant disparities persist in access to services, especially in rural and remote areas, income equality and vulnerability to natural disasters.

3. According to 2012 World Health Organization estimates, Kazakh men have one of the lowest life expectancies at age 60 in the world. The average life expectancy at birth is 70.5 years, with one of the largest gender differences in the world (75 years for women and 65.8 years for men). The goals of the Kazakhstan 2050 strategy include achieving a gross domestic product of $60,000 per capita and increasing life expectancy at birth for both sexes to 80 years by the year 2050.

4. Kazakhstan has made considerable progress in reducing infant mortality, from 45.8 per 1,000 live births in 1990 to 16.7 per 1,000 live births in 2012. Similarly, maternal mortality has decreased significantly, from 55 per 100,000 live births in 1990 to 12.6 per 100,000 live births in 2013. The 2011 confidential enquiry into maternal deaths revealed that 84 per cent of these deaths were the result of deficiencies in obstetric care and thus preventable. The Government aims to decrease maternal mortality to the levels of western European countries.

5. According to official data, 84,300 induced abortions were registered in 2013 (18.4 per 1,000 women aged 15-49 years). Unsafe and unregistered abortions, however, continue to be a serious issue. The introduction of medical abortion has contributed to underreporting. These findings indicate that abortion continues to be used as one of the main methods of family planning, indicating that there are still barriers in access to reproductive health information and services.

6. According to official statistics, the prevalence of four sexually transmitted infections (syphilis, gonorrhoea, chlamydia and trichinosis) is 188.3 per 100,000. Since most people seek treatment in private clinics or opt for self-treatment, the actual figure is probably much higher. The HIV epidemic is at a concentrated stage (prevalence is around 0.09 per cent). Between 2001 and 2013, the share of heterosexual transmission increased from 5 per cent to 60 per cent. The current HIV-positive male-to-female ratio is 1.5:1; however, the proportion of HIV-positive women continues to rise, with a tenfold increase in new cases of HIV infection among pregnant women over the past five years.

7. According to a 2012 survey, a third of adolescents have had sex before age 18; 3 per cent of adolescents aged 15-19 years had symptoms of sexually transmitted infections, but only 1.4 per cent of those infected sought medical care and received treatment. Only 10 per cent of adolescents are aware of the various modes of HIV transmission, while 44 per cent of new HIV cases include people aged 15-29 years. Similarly, only 10 per cent of adolescents are aware of methods to prevent unwanted pregnancies. The birth rate among girls aged 15-19 years is 31.3 per 1,000. Access to sexual and reproductive health services for adolescents under 18 is limited, as national legislation requires parental consent. The official school curriculum has no provision for formal sexual and reproductive health information and education.

8. The existing policy on reproductive health in Kazakhstan does not make specific provision for vulnerable populations with special needs (including migrants and persons with disabilities); populations at high risk of HIV (including injecting drug users, sex workers); and people living with HIV. The abortion rate in women with disabilities is eight times higher than the national average, whereas their unmet need for contraception is 3.5 times greater than among women in the general population. More than half of women living with HIV (54.6 per cent) are not aware of available methods for the prevention of unintended pregnancy.

9. Some forms of harmful practices, patriarchal attitudes and gender stereotypes still persist in the country. Of those women who have experienced any form of violence, more than half have never sought help and support. According to a 2013 survey, 40 per cent of the women who sought help in gynaecology and traumatology clinics have done so as a result of violence. In spite of this, gender-based violence goes practically unregistered by health personnel. There is no multisectoral response to gender-based violence, including a referral system for survivors in the health sector.

10. While the Government promotes a pro-natalist approach, there is no comprehensive population policy. The issues of population dynamics and their interlinkages with sustainable development, reproductive health and reproductive rights, gender equality, family support and support to vulnerable groups are yet to be systematically addressed at the policy level.

11. The next population census will take place in 2020. For the subsequent 2030 census, the Government plans to use a register-based system. Currently, few registers exist, under different ministries, and the information is incomplete, not interconnected, and often contradictory. Therefore an integrated system of registers is required, which will also be instrumental for planning and monitoring the effectiveness of social programmes.

12. Kazakhstan is transitioning from being a recipient to being a donor of official development assistance, with a specific focus on neighbouring countries. In this environment, the new country programme is likely to be the last cycle of traditional assistance to Kazakhstan. The UNFPA country office will therefore aim to ensure the sustainability of its efforts by focusing on upstream policy advocacy and advice, and by further strengthening partnerships with national stakeholders and promoting South-South cooperation through which the country's experience and expertise may assist in supporting UNFPA programmes in other countries.

II. Past cooperation and lessons learned

13. UNFPA has been active in Kazakhstan since 1992, following the collapse of the Soviet Union; until 1999, it focused mainly on emergency response to strengthen maternal health care through the supply of medical equipment, contraceptives and provision of basic training for service providers. The previous country programmes supported improvement of reproductive health, building capacity of national institutions, knowledge sharing and development of evidence-based reproductive health care standards. UNFPA then made a gradual shift toward a technical assistance programme focused on sexual and reproductive health rights and on linkages between health, population, gender and sustainable development for evidence-based policy formulation.

14. The third programme (2010-2015) aimed to ensure high-quality maternal health services, improve access to sexual and reproductive health services and information, prevent and respond to gender-based violence, and provide evidence-based data on emerging population issues, including reaching and addressing the needs of vulnerable and other key populations. It has made good progress in (a) implementing effective perinatal technologies; (b) improving maternal mortality monitoring; (c) advocating for ensuring access to family planning services and commodities; (d) expanding the Y-peer network for youth; (e) advocating for comprehensive sexuality education; (f) providing evidence of vulnerable and key populations' access to maternal and reproductive health; (g) engaging faith-based

organizations in advocacy for maternal and reproductive health and in preventing gender-based violence; and (h) building the capacity of policymakers to address population and development issues.

15. The country programme has contributed to several of the achievements made by Kazakhstan, including a significant reduction in maternal and infant mortality, ratification of the Convention on the Rights of Persons with Disabilities, changes in the state health-care programme to ensure better access to health services and commodities, such as the inclusion of antiretroviral drugs in the basic benefit package for HIV positive persons.

16. The independent review of the country programme has provided several recommendations for the next programme: (a) strengthen national ownership and accountability for results; (b) explore strategies for diversifying the sources for programme funding; (c) improve programme monitoring and evaluation; (d) ensure universal access to quality sexual and reproductive health services and information; (e) ensure comprehensive sexuality education; (f) strengthen partnerships with civil society and religious organizations; (g) increase national capacity on population and development for the formulation of human rights-based policies, with a special focus on vulnerable populations.

III. Proposed programme

17. The proposed fourth country programme (2016-2020) is aligned with national development priorities, including the Kazakhstan 2050 strategy, the new economic policy *(Nurly Zhol)*, and the state health programme for 2016-2020. Guided by a rights-based approach and results-based management principles, the programme is also aligned with the post-2015 development agenda, the UNFPA strategic plan, 2014-2017, and the UNFPA business model. The programme will contribute to four out of six outcomes of the United Nations Partnership Framework for Development, 2016-2020. UNFPA will mainstream humanitarian response and preparedness throughout the programme, and the key beneficiaries of the programme will be women and young people, particularly those most in need.

18. The programme will concentrate on (a) supporting advocacy and policy dialogue to ensure the realization of reproductive rights and universal access to integrated maternal, sexual and reproductive health services, with a focus on the most vulnerable; (b) empowering young people and ensuring their access to comprehensive sexuality education; (c) strengthening national policies and institutional mechanisms to promote gender equality and prevent gender-based violence and harmful practices; (d) supporting data collection, access and analysis to inform policies in the area of population dynamics and their links with sexual and reproductive health and reproductive rights.

A. Outcome 1: Sexual and reproductive health

19. Output 1: Strengthened policy framework and institutional mechanisms to deliver integrated sexual and reproductive health services, with particular focus on the most vulnerable and key populations. UNFPA use policy dialogue, advocacy efforts and technical assistance to (a) increase investment in reproductive health and family planning services; (b) develop and implement additional national clinical protocols and standards on sexual and reproductive health; (c) strengthen the national system of confidential enquiry into maternal deaths; (d) establish an enabling environment for access to services, particularly for vulnerable and key populations; (e) assist in the preparedness to deliver sexual and reproductive health services in emergencies; and (f) ensure better data on health status, needs and services.

B. Outcome 2: Adolescents and youth

20. Output 2: Strengthened national laws, policies and programmes that include adolescent and youth and their human rights and needs. UNFPA engage in evidence-based policy dialogue, advocacy and knowledge transfer to (a) incorporate the rights of young people in national laws and policies; (b) introduce comprehensive sexuality education in national education curricula;

(c) better institutionalize Y-peer as a partner and expand its community-based information and education services on leadership, sexual and reproductive health, HIV and gender; and (d) ensure better data on young people.

C. Outcome 3: Gender equality and women's empowerment

21. Output 3: Strengthened national policies and institutional mechanisms to promote gender equality, and to prevent gender-based violence and harmful practices. UNFPA employ evidence-based policy dialogue, advocacy and knowledge transfer to (a) develop a new long-term national policy document on gender equality that integrates Universal Periodic Review recommendations and obligations related to sexual and reproductive rights, prevention of gender-based violence and early marriages; (b) strengthen coordinated institutional mechanisms for providing a multisectoral response to gender-based violence; (c) strengthen the partnerships between government, civil society and faith-based organizations to promote gender equality, and prevent gender-based violence and early marriages; and (d) promote gender transformative approaches and engagement of men and boys in addressing gender inequality and gender-based violence.

D. Outcome 4: Population dynamics

22. Output 4: Strengthened national data systems and increased availability and accessibility of evidence-based analysis on population dynamics and their links to sustainable development for the formulation of rights-based policies. UNFPA will use evidence-based policy dialogue, advocacy and knowledge transfer to (a) strengthen the institutional capacities for demographic analysis and projections as a basis for informed policy formulation and monitoring in the areas of sexual and reproductive health, gender equality and gender-based violence, and population and development interlinkages, and with regard to the specific needs of vulnerable and key populations; (b) assist in the development of a comprehensive population policy; (c) ensure that the 2020 census is well organized and data are available and accessible; and (d) ensure the development of an integrated system of population registers.

IV. Programme management, monitoring and evaluation

23. The Government and UNFPA will implement the programme within the United Nations Partnership Framework for Development, in close collaboration with United Nations and other development partners, using the national execution modality. With the Government, civil society and implementing partners, UNFPA will plan, review progress and conduct monitoring and evaluation. It will select implementing partners based on their strategic position and ability to deliver high-quality programmes. UNFPA will strengthen their programming and financial accountability, monitor their performance, periodically adjust implementing arrangements and follow up on audit recommendation. The resource mobilization plan will have two components: (a) mobilize Government resources to co-finance the country programme; and (b) mobilize resources from development donors and the private sector.

24. UNFPA will develop a five year monitoring and evaluation plan, including programme progress indicators, surveys and studies, milestone activities on publishing results, and launching publications. It will envisage quarterly programme reviews to assess progress and take appropriate action in case of delays in achieving results. UNFPA will commission two independent evaluations during the programme cycle: (a) in 2018, jointly with the United Nations country team, a midterm evaluation of the United Nations Partnership Framework for Development; and (b) the final country programme evaluation in 2019/2020.

25. The country office will comprise a country director, assistant representative, one programme and several support staff funded from integrated institutional and programme budgets. The UNFPA policy shift from focusing on technical assistance to providing advocacy and policy advice will require a reprofiling of programme staff. The programme will utilize the integrated technical and programmatic assistance provided at the global and regional levels.

RESULTS AND RESOURCES FRAMEWORK FOR KAZAKHSTAN (2016-2020)

National development priority: To improve education, health and well-being of the people of Kazakhstan for ensuring the country's stable sociodemographic development
Partnership Framework for Development, 2016-2020 (PFD) outcome: Improved equitable access to quality integrated social services, including for socially vulnerable and disadvantaged groups
Indicator: Percentage of vulnerable households satisfied with quality and effectiveness of public service delivery. *Target: Increase by 10 percentage points*

UNFPA strategic plan outcome	Country programme outputs	Output indicators, baselines and targets	Partners	Indicative resources
Outcome 1: Sexual and reproductive health Increased availability and use of integrated sexual and reproductive health services (including family planning, maternal health and HIV) that are gender-responsive and meet human rights standards for quality of care and equity in access Outcome indicators: • Contraceptive prevalence rate (total) *Baseline: 51%; Target: 70%*	Output 1: Strengthened policy framework and institutional mechanisms to deliver integrated sexual and reproductive health services, with particular focus on the most vulnerable and key populations	• Percentage of health service providers at primary health care and hospital levels practicing the newly adopted clinical protocols and standards *Baseline: 0; Target: 60%* • Contraceptives included in the list of basic benefit package for vulnerable and key populations *Baseline: No; Target: Yes* Number of key facilities in all 16 regions of Kazakhstan that use in their routine work the 'near-miss cases' review approach of confedential audit 'beyond the numbers' *Baseline: 11; Target: 32*	Ministry of Health and Social Development; Republican Centre for Health Care Development; State University for Upgrading Education of Health Personnel; United Nations organizations	$1.2 million ($1.0 million from regular resources and $0.2 million from other resources)
Outcome 2: Adolescents and youth Increased priority on adolescents, especially on very young adolescent girls, in national development policies and programmes, particularly increased availability of comprehensive sexuality education and sexual and reproductive health Outcome indicators: • Percentage of young women aged 15-24 years who correctly identify ways of preventing sexual transmission of HIV and who reject major misconceptions about HIV transmission *Baseline: 36.2%; Target: 70%*	Output 1: Strengthened national laws, policies and programmes that include adolescent and youth and their human rights and needs	• United Nations Educational, Scientific and Cultural Organization standards on comprehensive sexuality education are integrated into national standard curricula *Baseline: No; Target: Yes* • Percentage of regions of Kazakhstan with Y-peer presence *Baseline: 25%; Target: 60%* • Existing legislation is revised to decrease age from 18 years to 16 years in receiving sexual and reproductive health services without parental consent *Baseline: No; Target: Yes*	Ministries of Health and Social Development; Education and Science; Parliament; Committee on Protection of Children's Rights; Y-Peer national network; United Nations Office for Drugs and Crime; United Nations organizations	$0.85 million ($0.45 million from regular resources and 0.4 million from other resources)
National development priority: To prevent gender discrimination and work to provide gender equality and equal opportunities for women and men **PFD outcome:** Judicial and legal systems, and public institutions, are fair, accountable and accessible to all people **Indicator:** Level of citizen satisfaction with accessibility of police, law and courts. *Baseline: Limited (2015). Target: At least 80% (2020)*				
Outcome 3: Gender equality and empowerment Advanced gender equality, women's and girls' empowerment, and reproductive rights, including for the most vulnerable and	Output 1: Strengthened national policies and institutional mechanisms to promote gender equality, and to prevent gender-based violence and harmful practices	• New long-term national policy document on gender equality that integrates UPR recommendations and obligations related to sexual and reproductive rights, prevention of gender-based violence and early marriages *Baseline: No; Target: Developed and approved*	National Commission on Women Affairs and Family-Demographic Policy under the	$0.65 million ($0.35 million from regular resources and 0.3 million from other resources)

marginalized women, adolescents and youth Outcome indicators: • Percentage of the accepted Universal Periodic Review (UPR) recommendations on gender equality and reproductive rights from the previous reporting cycle that are implemented *Baseline: 77%; Target: 92%*		• Regional UNFPA guidelines are integrated into the national health system response to gender-based violence *Baseline: No; Target: Yes* • Number of civil society and faith-based organizations that have supported the institutionalization of programmes to engage men and boys on gender equality (including gender-based violence), sexual and reproductive health and reproductive rights *Baseline: 4; Target: 10*	President of Kazakhstan; Ministry of Health and Social Development; Parliament; Spiritual Administration of Muslims of Kazakhstan; Theological Commission of Metropolitanate of Russian Orthodox Church; united Nations organizations	
National development priority: Address demographic imbalances **PFD outcome:** Right-holders benefit from improved government policymaking and implementation through enhanced participation at subnational and national levels **Indicator:** Transparency of government policy, global competitiveness index. *Baseline: 32. Target: 24*				
Outcome 4: Population dynamics Strengthened national policies and international development agendas through integration of evidence-based analysis on population dynamics and their links to sustainable development, sexual and reproductive health and reproductive rights, HIV and gender equality Outcome indicators: • National development programmes integrate population dynamics by accounting for population trends and projections in setting development targets *Baseline: None; Target: All national programmes*	Output 1: Strengthened national data systems and increased availability and accessibility of evidence-based analysis on population dynamics and their links to sustainable development for the formulation of rights-based policies	• 2016: Multiple indicator cluster survey is completed; data are available and accessible; 2020: Population and housing census is completed; data are available and accessible *Baseline: No; Target: Yes* • National integrated system of population registers is in place which provides inter-alia information on vulnerable population groups *Baseline: No; Target: Yes* • National family and demographic policy document that integrates population projections, reproductive health and rights, and gender equality is developed *Baseline: No; Target: Developed*	National Commission on Women Affairs and Family-Demographic Policy under the President of Kazakhstan, Committee on Statistics; Ministries of National Economy, Health and Social Development; Education and Sciences; Parliament; United Nations Economic Commission for Europe; United Nations organizations	$0.65 million ($0.45 million from regular resources and 0.2 million from other resources)